

Fill in this information to identify the case:

Debtor 1 Paul W. Lewis
Debtor 2 Sharon M. Hixson-Lewis
(Spouse, if filing)
United States Bankruptcy Court for the: Western District of Pennsylvania
(State)
Case number 16-21338-CMB

Form 4100R

Response to Notice of Final Cure Payment

10/15

According to Bankruptcy Rule 3002.1(g), the creditor responds to the trustee's notice of final cure payment.

Debtor 1	Paul W. Lewis	Case number (if known)	16-21338-CMB
	First Name	Middle Name	Last Name

a. Total postpetition ongoing payments due:	(a) \$0.00
b. Total fees, charges, expenses, escrow, and costs outstanding:	+ (b) \$0.00
c. Total. Add lines a and b.	(c) \$0.00

Creditor asserts that the debtor(s) are contractually obligated for the postpetition payment(s) that first became due on:

MM / DD / YYYY

Part 4: Itemized Payment History

If the creditor disagrees in Part 2 that the prepetition arrearage has been paid in full or states in Part 3 that the debtor(s) are not current with all postpetition payments, including all fees, charges, expenses, escrow, and costs, the creditor must attach an itemized payment history disclosing the following amounts from the date of the bankruptcy filing through the date of this response:

- all payments received;
- all fees, costs, escrow, and expenses assessed to the mortgage; and
- all amounts the creditor contends remain unpaid.

Part 5: Sign Here

The person completing this response must sign it. The response must be filed as a supplement to the creditor's proof of claim

Check the appropriate box::

I am the creditor.
 I am the creditor's authorized agent.

I declare under penalty of perjury that the information provided in this response is true and correct to the best of my knowledge, information, and reasonable belief.

Sign and print your name and your title, if any, and state your address and telephone number if different from the notice address listed on the proof of claim to which this response applies.

/s/ Mukta Suri

Date 08/25/2022

Signature

Print	Mukta Suri	First Name	Middle Name	Last Name	Title	Authorized Agent for Specialized Loan Servicing LLC
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Company Bonial & Associates, P.C.

If different from the notice address listed on the proof of claim to which this response applies:

Address P.O. Box 9013

Number Street

Addison, Texas 75001

City State

ZIP Code

Contact phone (972) 643-6600 Email POCInquiries@BonialPC.com

CERTIFICATE OF SERVICE OF RESPONSE TO NOTICE OF FINAL CURE

I hereby certify that a true and correct copy of the foregoing document has been served upon the following parties in interest on or before August 25, 2022 via electronic notice unless otherwise stated.

Debtor *Via U.S. Mail*

Paul W. Lewis
230 State Ave
Ellwood City, PA 16117

Debtor *Via U.S. Mail*

Sharon M. Hixson-Lewis
230 State Ave
Ellwood City, PA 16117

Debtors' Attorney

Michael C. Eisen
M. Eisen and Associates PC
404 McKnight Park Drive
Pittsburgh, PA 15237

Chapter 13 Trustee

Ronda J. Winneccour
Suite 3250, USX Tower
600 Grant Street
Pittsburgh, Pennsylvania 15219

Respectfully Submitted,

/s/ Mukta Suri